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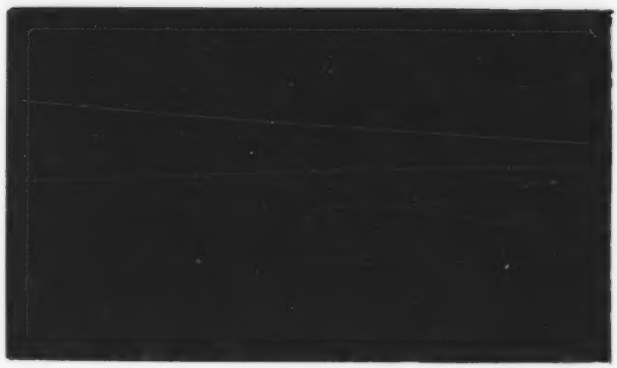

Alberta

SENIOR CITIZENS SECRETARIAT

THE PREVENTIVE APPROACH, PREVENTIVE PROGRAMS AND ALBERTA'S SENIORS

A Discussion Paper Prepared with the Assistance of the Interdepartmental Coordinating Committee on Senior Citizens

Senior Citizens Secretariat
Government of Alberta
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EXECUTIVE SUMMARY

This paper discusses the concept of prevention as it applies to the aging process and to older people and introduces this concept as an important component of programs for seniors. It is intended to stimulate discussion and action among seniors' groups and both government and non-government agencies.

The paper was prepared with the assistance of the Interdepartmental Coordinating Committee on Senior Citizens, a committee composed of representatives from eleven provincial government departments, which meets regularly for the purpose of information sharing. In addition to an extensive literature review, there were contacts with other individuals working with this age group both within and without government and telephone contacts with key persons in other provinces. Detailed information was gathered on the services provided through the Family and Community Support Services program and a survey made of all the local information services for seniors.

The growing number of older persons has implications for our health and social services system. At present, with the exception of income support programs, the majority of funding and program development for seniors appears to be related to services for the small proportion of older persons who are frail and disabled. The importance of these services, and in particular the recent emphasis on community-based services for this group of persons, is recognized. However, it is believed that a greater emphasis on primary preventive services, on an approach that enhances the competencies of older persons and their support system, may at least delay and reduce the length of time that individuals require these more costly services as well as lead to a more desirable quality of life in old age.

Primary prevention, the focus of this paper, is seen as being proactive, being implemented before a problem exists. It involves actions on the external environment to reduce its likelihood of creating the condition one is trying to prevent as well as strengthening personal and/or social competences to enable people to deal more effectively with their environments. Its major target is individuals who are functioning well. It has a long range perspective and is based on a belief in positive development.

The paper examines a number of obstacles that arise when primary prevention is emphasized (for example, no immediate results, difficulty in measuring benefits, lack of evaluative research, vested interests in keeping things as they are). Strategies to address these obstacles are suggested. For example, as funding is limited the emphasis may need to be placed, in the beginning, on strategies that do not involve additional funds or a new bureaucratic structure.

What does primary prevention mean in relation to aging and older people? Aging is not a disease that one catches and that can be prevented. There are undeniable physiological and other losses as one grows older. However, much of what has been negatively associated with aging can be offset by increasing understanding about aging and by older people themselves maintaining active involved lives. Primary prevention in this paper means, therefore, an aproach or process that has a focus on opportunities for growth and development in the later years and on creating an environment in Alberta that emphasizes

integrating society with seniors. It means an approach that ensures that older people can use their strengths and abilities. It means the prevention of unnecessary disability, unnecessary dependency and untimely death.

Programs of primary prevention must not only be working with well-functioning older persons, but they must also have the preventive approach if they are to be effective. This approach has the following key components: (1) using and building on strengths, focusing on how persons can improve rather than on how much they have deteriorated; (2) seeing all older persons as capable of self-determination and empowering them to define and solve their own problems. (The provision of information is an important part of this empowerment); (3) emphasizing leadership and that seniors maintain control over what affects them. Too often paternalism is reflected in programs administered by a bureaucracy of experts.

Before examining existing preventive programs in Alberta, it is important to have an understanding of the needs of older persons. There are many aspects to consider if we are to assure for persons, to the greatest extent possible, a healthy and satisfying old age. Income, safe and comfortable housing, social supports, fitness, health education and access to health services, and opportunities for leisure and for intellectual activities are all important for physical and mental health in the later years.

No one program can be "the preventive program." In Alberta several provincial government departments, many municipalities and voluntary agencies (as well as the federal government) are providing a wide range of benefits, housing programs and community services. Particularly important are the efforts of the municipal Family and Community Support Services Offices, the senior centres and information services and the community health nursing services.

There are possibilities for improvement. More guidelines and accountability to ensure regular and continued development of these community efforts are needed. In addition, we need improved private pension coverage (particularly for women), a wider range of housing options and a greater focus on helping people understand aging and how to cope effectively with the changes it brings. Finally, the preventive approach with its emphasis on empowering older persons, involving them in leadership of their own programs, must be a part of all services, including supportive and protective services.

There are some issues to examine in relation to prevention:

- the need to provide choices for older people and meet acceptable standards while responding to local conditions and needs.
- the need for proactive rather than reactive planning.
- the need for coordination and collaboration.
- the need to set priorities.

In conclusion, there is a need to shift programming to the fostering of positive growth and development, to the rewarding of wellness--to placing a greater emphasis on primary preventive programs for those seniors without any specific needs for help. Preventing unnecessary decline and disability in seniors can also be facilitated by a shift in all work with seniors, including protective and supportive services, to the preventive approach that focuses on strengths and emphasizes self-determination and empowerment.

Persons in provincial and municipal government services, voluntary organizations and seniors themselves and their organizations are all responsible for the development of these policies and this approach, which can result in a wide range of activities--changing attitudes towards aging and older people, creating more opportunities for them, preventing abuse and discrimination and ensuring that funds for services are used efficiently and for the purpose and target groups for which they are intended. Finally, and most important, it can ensure that we will not be contriving and imposing scores of specialized new programs without consulting those who will be involved.

I. PURPOSE OF THE PAPER[1]

This paper discusses the concept of prevention, as it applies to the aging process and to older people, and introduces this concept as an important component of programs for seniors. It is intended to stimulate discussion and action among seniors' groups and both government and non-government agencies.

II. METHODOLOGY

The paper was prepared with the assistance of the Interdepartmental Coordinating Committee on Senior Citizens. This Committee, composed of representatives from eleven provincial government departments, meets regularly to share information about program planning and developments relating to older people.[2] In addition to obtaining much input from Interdepartmental Committee members, there were discussions with some staff of the Department of Social Services and Community Health and contacts with persons working with older people in Alberta and in other provinces. An extensive literature review was carried out, detailed information was gathered on provincial programs and on municipal Family and Community Support Services (FCSS) that relate to seniors and a survey made of all local information services for older people.

III. IMPLICATIONS OF AN AGING POPULATION

Demographics

In Alberta, as elsewhere, the numbers of seniors are growing, and it is projected that the 1981 population of 163,390 persons age 65 and over may almost double by 2006.[3] In addition to increasing numbers of older persons,

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1 This paper is an abridged version of a major paper by Corinne Schalm, student intern with the Senior Citizens Bureau in the summer of 1985.

2 See Appendix for list of Departments represented on the Committee.

3 Alberta Bureau of Statistics, Alberta Population Projections Update, 1984-2011, May 1984 (Series A).

the senior population is itself aging; since 1961 the proportion of those age 85 and over in the senior population has increased from 5 percent to 9 percent.[4] The table and two graphs on the following pages show the present and future projected numbers of those age 65 and older by various age groups and the shift in the age structure of the population that may result.

This increase will not happen overnight. It is steady and gradual. Since it is foreseen, it is possible to plan for it now.

Implications of the Changing Demographics and the Current Emphasis in Services for Seniors

This trend has implications for our health and social service system since older persons use these services to a greater extent than the rest of the population. At the present time, with the exception of the income support programs, the majority of funding and program development for seniors is directed toward the infirm aged.[5] These services appear to receive most of the concern and attention. In 1981, 10.2 percent of Alberta's seniors were living in institutions (higher than the percentage of Canada as a whole).[6] While it is recognized that institutional care will always be needed, the recent emphasis on home care in Alberta is most welcome. This support service can delay and even prevent institutionalization for some older persons with disabilities and frailties. However, both community-based and institutionally

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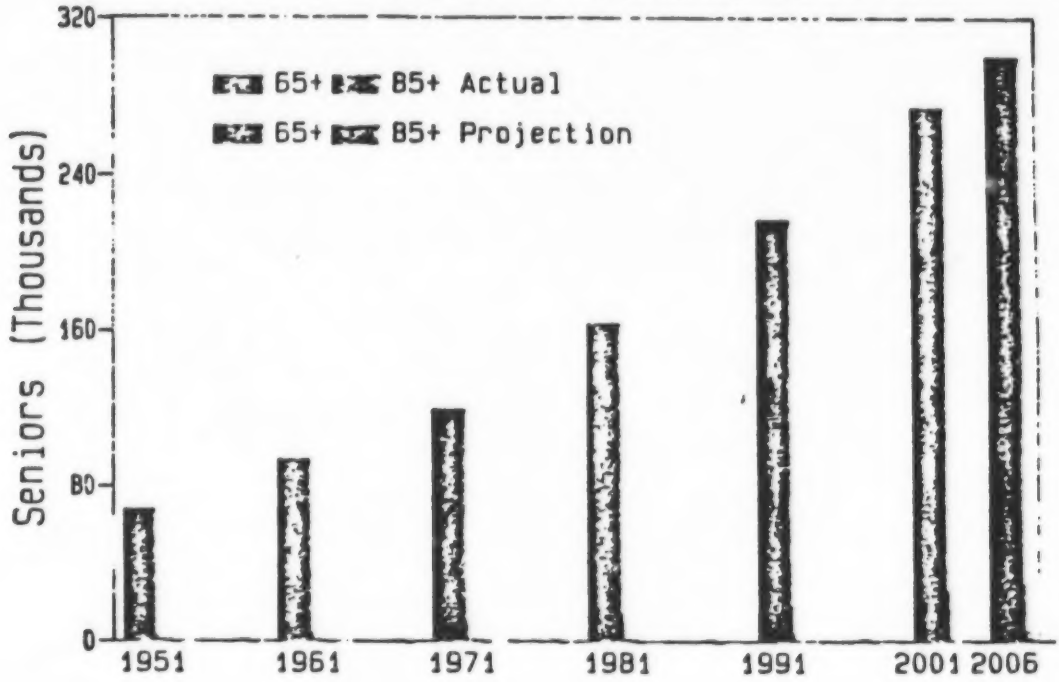
4 Senior Citizens Bureau, "Older Persons in Alberta: Their Use of Programs and Services," (Edmonton: Alberta Social Services and Community Health, 1984).

5 Ibid.; Margaret Hartford suggests that the relatively low emphasis on preventive services "may be due to the prevalence in the past of a 'sickness' model of aging...rather than a growth model of old age as a series of stages of life transitions and changes with the potential for growth even when decrements exist."

(Margaret E. Hartford, "Understanding Normative Growth and Development in Aging: Working with Strengths," Journal of Gerontological Social Work, 8 (314): 37-54.)

6 Statistics Canada, 1981 Census of Canada (unpublished information).

FIGURE 1: ALBERTA'S SENIORS, 1951-2006



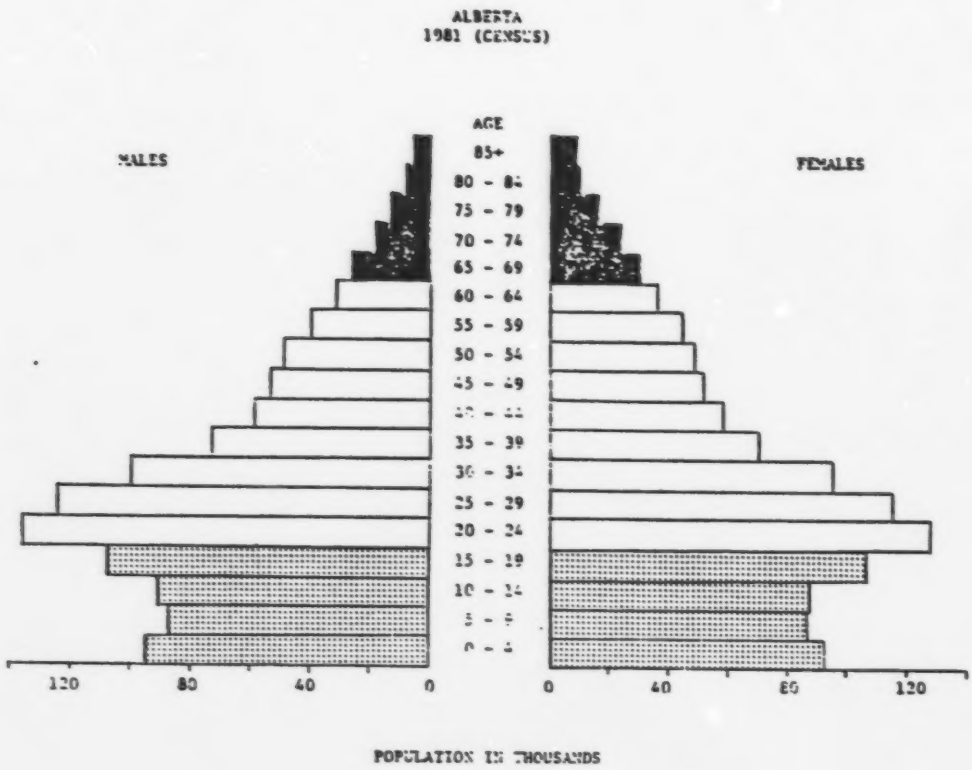
Source:

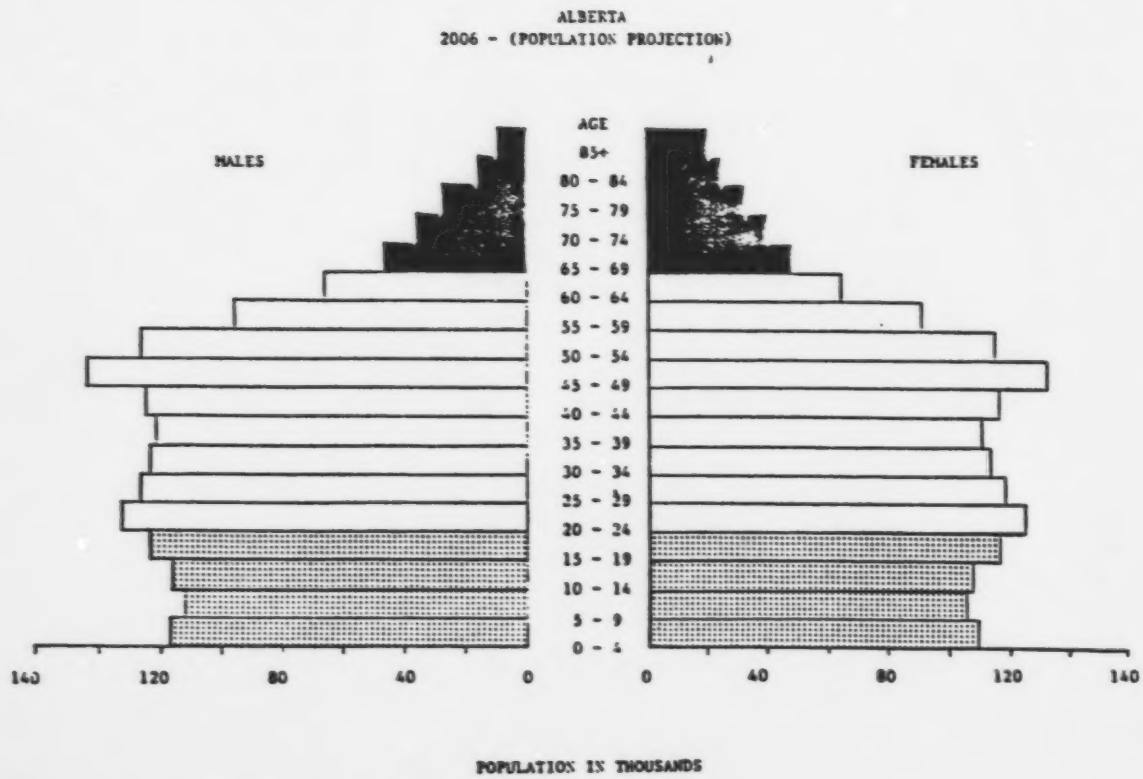
1951-1971: Statistics Canada, Cat. No. 94-702, Volune III, Part 1 (Bull 3.1-2) November 1974.

1981: Census of Canada, Cat. No.92-901, Volume 1 - National Series

1991-2006: Alberta Bureau of Statistics, Alberta Population Projections Update 1984 - 2001, Series A projections, May 1984

FIGURE 2: Population (Census and Projected) by Age Group and Sex, Alberta, 1981 and 2006





* Source: 1981 Census of Canada
2006 - Alberta Bureau of Statistics, Alberta Population Projections Update 1984-2001, Series A projections, May 1984

based long term care is, of necessity, costly and these costs will be rising with the increasing numbers of very elderly persons.[7]

The Call For Change

While recognizing the importance of these long term care services, many persons have called for a broader emphasis and have stressed the importance of giving greater attention to the needs of those older persons who are functioning well (the vast majority of the elderly), and in particular to the importance of "primary prevention."[8] It is believed that a greater emphasis on primary preventive services, on an approach that enhances the competence of older persons and their social networks, might at least delay and reduce the length of time that individuals require the more costly services mentioned above as well as lead to more desirable quality of life in old age.

IV. PREVENTION: WHAT IS IT?

Definitions of Prevention

Prevention is a term originally drawn from the fields of public health and epidemiology. Tertiary prevention is defined as the effort to reduce the effects of an already disabling condition, and secondary prevention is seen as emphasizing early detection and intervention to minimize the progress and duration of a disorder.

Primary prevention, the focus of this paper, is proactive. It is implemented before a problem exists and involves actions on the external environment to reduce its likelihood of creating the condition one is trying to prevent, and

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7 The percentage of persons aged 85 and over in the senior population increased from 3 to 9 percent between 1961 and 1981 and is projected to increase to 10 percent in 2001.

8 For example, the Canadian Governmental Report on Aging 1982 and the Proceedings of the 1982 Alberta Symposium on Aging, 1983; S.L. Skoll, "Saskatchewan's Geriatric Services: Directions for the Eighties and Beyond." (Unpublished submission to the Canadian Medical Association Task Force on the Allocation of Health Care Resources, January 1984).

strengthening personal and/or social competencies to enable people to deal more effectively with their environments. Primary prevention focuses on groups rather than on individuals. Its major target is those who are functioning well. It has a long range perspective and is based on a belief in positive development.

The focus of this paper is on primary prevention as this concept relates to older people.

Obstacles to Primary Prevention

There are a number of obstacles that arise when primary prevention is emphasized:[9]

- The concept is vague and defined in different ways.
- Prevention has a long range perspective and does not produce immediate results for our crisis-oriented society.
- Prevention focuses on assisting people who do not appear to have a problem, so it is difficult to see or measure the benefits.
- Evaluative research is not being done on existing programs called preventive.
- Any type of change can be threatening; there are vested interests in keeping things as they are.

In emphasizing primary prevention it is necessary to develop strategies to address these obstacles. Since funding is becoming more limited, the emphasis

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9 Emory L. Cownen, "Primary Prevention in Mental Health: Past, Present and Future." In Robert D. Felner, Leonard A. Jason, John Moritsughu and Stephanie S. Farber (Eds.). Preventive Psychology: Theory, Research and Practice. Toronto: Pergamon Press, 1983. pp. 11-25.

may need to be placed, in the beginning, on strategies that do not involve additional funds or a new bureaucratic structure.

Possible strategies are education, reassuring and involving those who are threatened, and demonstrating program results.

Prevention and Older Persons: The Preventive Approach and a Network of Programs

What does prevention mean as it relates to older person? Aging is not a disease that one catches and that one can prevent. There are undeniable physiological and other losses as one grows older. However, much of what has been associated with aging has resulted more from complex and changeable personal and societal factors such as the lack of knowledge about aging, negative stereotypes that exist about older persons and the generally low position accorded to the elderly in our society. These are not part of the normal aging processes; they can be offset by increasing understanding about aging and older people and by older people themselves maintaining involved, meaningful lives.[10]

Primary prevention in this paper, therefore, means an approach or process that has a focus on opportunities for growth and development in the later years to counteract negative social factors and a focus on creating an environment in Alberta that emphasizes integrating society with seniors. It means an approach that ensures that older people can use their strengths and abilities. It means the prevention of unnecessary disability, unnecessary dependency and untimely death.

Primary preventive programs or services are those programs for older persons who are functioning well, and which emphasize efforts to prolong this state of

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10 It has been suggested that attitudes will not change significantly until some of the unnecessary losses of the later years no longer occur (Walter M. Beattie, "Aging and the Social Services." In Robert H. Binstock and Ethel Shanas (eds.), Handbook of Aging and the Social Sciences (Toronto: Van Nostrand Reinhold, 1976), pp. 619-642.

well-being. No one program or service is the answer; a network of programs and strategies is needed.

V. KEY COMPONENTS OF THE PREVENTIVE PROCESS OR APPROACH

Each program/service that touches the lives of older persons needs to examine not only what it is offering but how it is being offered. A program might be called preventive and might be involved with well-functioning older persons but, if the preventive approach or process is not part of it, it is not likely to be effective.

The preventive process involves concepts such as empowerment, self-determination, flexibility, enfranchisement, innovation, advocacy and volunteerism.

The following are key components of the preventive process.

Focus: Positive and Holistic

The preventive approach focuses on the positive or on how persons can improve rather than on how much they have deteriorated. It concentrates on using and building on strengths.[11] It focuses on the whole person--physical, social and psychological health and well-being.

Self-determination: Empowerment

The preventive approach also involves seeing all older persons as capable of self-determination; it involves empowerment to define and solve one's own problems--making possible the sophistication needed to work through existing

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11 This runs contrary to the more commonly promoted "failure model of old age." Moody cautions against using the image of the poor defenseless older person in order to justify expenditures, for it perpetuates fear and negative stereotypes about aging. There are sometimes conflicts between our values and ideology and what we may say and do in advocating for older people. (Harry R. Moody, "A Critical Perspective for Policy and Action," Journal of Gerontological Social Work, 8 (3/4); 13-34.

channels and obtain the help needed.[12] (Some experts see the provision of information to the consumer on how to use the system as an important aspect of prevention.)[13]

Leadership and Involvement

Building on the foundation of a positive view of older persons, the preventive approach stresses the value of seniors' abilities acquired over a life-time, and emphasizes seniors maintaining control over what affects them. Too often paternalism is reflected in programs administered by a bureaucracy of experts.[14] Some older adults need to be involved at all stages of program development to avoid this paternalistic approach which implies that people are incompetent and which creates unnecessary dependencies.

VI. NEEDS OF OLDER PERSONS

Before examining existing preventive programs in Alberta and looking at suggestions for the future, it is helpful to have an understanding of the needs of older persons. While the elderly have the same basic needs as younger persons, there are particular ones that become more difficult to meet in the later years of life and which are important to consider when emphasizing prevention.

There are many aspects to consider if we are to assure for persons, to the greatest extent possible, a healthy and satisfying old age. Income, safe and comfortable housing, social supports, fitness, health education and access to

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12 Carolyn Swift, "Empowerment: an Antidote for Folly," Prevention in Human Services, 3 (213), 1983/84; xi-xv.

13 Rosalie Kane, "How to Organize a Continuum of Care--An Ideal Model." (Paper presented at the 35th annual conference of the National Council on the Aging, San Francisco, April 24, 1985).

14 Swift, op cit

health services, and opportunities for leisure and for intellectual activities are all important for physical and mental health in later years.

Financial Security

An adequate income (however that may be defined) is an important determinant of the quality of life in later years. It provides the resources needed to make choices and to create a feeling of control over one's life (an important aspect of self-determination).

Good Health: A "Wellness" Approach

Older people must cope with many stressful changes in their lives; for example, retirement from work, loss of spouse and friends through death, change of housing, changes in functioning ability, physical energy and resistance to stress. Older people have a somewhat higher rate of mental illness (the incidence of depression is high). In 1981 the highest suicide rate for men was among the 75-84 age group and for women in the age group 65-69.[15]

Helping older people to maintain good mental and physical health is important. It involves physical and social aspects and includes keeping fit, maintaining social supports and interests and having access to information about resources. A social support system, whether family or friends, can act as a buffer against some of the losses that accompany the aging process. A stronger social network may be associated with lower morbidity, higher life satisfaction, better health status and a more positive mood.[16]

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15 Statistics Canada material as compiled by Alberta's provincial suicidologist, Ron Dyck.

16 B. Gottlieb, "Preventive Interventions Involving Social Networks and Social Supports," Social Networks and Social Support. Edited by Beverly Hills: Sage, 1981.

Secure and Appropriate Accommodation

Housing, one's living environment, potentially affects all areas of one's life. If one's residence is not clean and in good repair it can become a hazard to physical health. If it is confining, unappealing and not satisfac tory to the person, it can negatively affect mental health and social life. If it is isolating and lacks accessibility to services and transportation, it can handicap a person socially and affect physical well-being. It may be a particular problem for older people who often must make difficult choices and who must balance their housing needs with their desires and financial abilities.

In retirement years individuals often leave their own homes to rely on alternative forms of living accommodation. They move for a variety of reasons including: cost of accommodation, security, health, loneliness and inability to maintain their own home. To a great extent location affects a senior's choice of residence.

The ideal arrangement would be that a range of options would be available, from helping seniors to maintain their own homes to dependent living arrangements with medical support. Seniors would be able to select the alternative which best suits their needs and allows a maximum of independence.

Mobility

Safe, affordable transportation, that a person with some physical limitation can use, is essential if older persons are to reach needed services and have social opportunities. A Canadian study found that the highest unmet need for seniors was the accessibility, not the availability, of resources.[17]

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17 Betty Havens, "Differentiation of Unmet Needs Using Analysis by Age/Sex Cohorts." In Victor W. Marshall (Ed.), Aging in Canada: Social Perspectives. (Don Mills, Ont.: Fitzhenry and Whiteside, 1980), pp. 215-21.

Learning About Aging

It is important that people of all ages have information about aging so that they can develop a greater understanding and a more positive attitude toward growing older as well as effective ways of coping with the changes that come with the later years. One of the factors that contributes to the lack of preventive services for older persons is the general lack of knowledge about the characteristics and capabilities of older adults.

Leisure Opportunities

Older persons also need the opportunity to develop interests and to participate in cultural and recreational activities. The retired have twice as much leisure time on an average day as do those who are working,[18] and a recent Ontario survey found that only five percent of the older respondents were satisfied with the amount of leisure activities in which they participated.[19] Leisure opportunities help to provide replacement roles for earlier activities and help to improve both physical and mental health.

Research is establishing that physical activity (maintaining physical fitness) can have a very beneficial effect on mental and physical health and that lack of it may even hasten the onset of physiological aging processes.[20]

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18 Mark Novak, Successful Aging: The Myths, Realities and Future of Aging in Canada. (Markham, Ont: Penguin Books, 1985).

19 Seniors' Secretariat (Secretariat for Social Development) and the United Senior Citizens of Ontario, "Elderly Residents in Ontario: an Overview." (Unpublished report, May 6, 1985).

20 Barry D. McPherson, "The Aging Process: Adaptation to Physical Change," Chapter 5 in Aging as a Social Process. (Toronto: Butterworths, 1983).

VII. PREVENTIVE PROGRAMS IN ALBERTA

When considering prevention and older persons it is important to know what programs and services in Alberta are now offered to assist older persons to meet the needs identified in the previous section and to maintain their well-being. This section is an overview of existing programs with some suggestions for future directions.

Income Security Program

Alberta provides an income supplement to lower income Old Age Security recipients who receive the federal income supplement. This results in Alberta being second only to the Yukon in Canada in the guaranteed minimum income it provides to seniors (the Senior Citizens Bureau has the comparison among provinces). Each year the percentage of pensioners in Alberta receiving income supplementation drops slightly.[21]

Alberta also provides many other benefits, mostly on a universal basis, which add to seniors' incomes. These include property tax rebates, renters' grants, home improvement grants, extended health benefits and Blue Cross benefits. However, the development of further coverage under private pension plans and greater pension coverage for women remains a concern.[22]

Housing

At present, several programs address the housing needs of seniors in Alberta. Seniors who own their own homes may be eligible for property tax reduction benefits, a heating rebate, and a home repair program. A senior confined to a wheelchair may be able to obtain a grant to permanently modify the home or

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21 Senior Citizens Bureau, op cit.

22 Provincial Senior Citizens Advisory Council, 1984 Report to the Minister of Social Services and Community Health. Edmonton: Alberta Social Services and Community Health, 1985.

apartment, thus improving accessibility and facilitating wheelchair movement. Senior renters may receive provincial grants to offset the cost of rent. This applies also to senior mobile home owners living on rented space.

Housing information is provided through housing registries in Edmonton, Calgary, Medicine Hat and Lethbridge. The Senior Citizens Bureau can assist seniors in other areas to obtain housing information.

Subsidized, self-contained apartment units are rented to low and moderate income senior citizens who are self-sufficient. A few units in many apartment complexes are designed for handicapped tenants. There were 13,153 completed units (July 1985) with an additional 609 being constructed (vacancy rate, April 1985, 14.6 percent).

The lodges provide "room and board" but no personal services as well as short-term temporary accommodation for seniors (to help families caring for their elderly at home) under the Vacation Relief Program. There were 7,700 lodge beds in existence as of June 30, 1985 (vacancy rate, July 1984, 14.7 percent).

In addition to these housing programs the Alberta Home Mortgage Corporation provided funding to a non-profit group in Edmonton for a forty bed special facility which will serve a special group of transitory elderly in the inner-city area who lack traditional support networks.

Programs which improve the housing or living environment of older persons truly have a preventive component. Properly targeted, designed and accessible housing helps seniors to maintain their independence and self-esteem for a longer period of time. Development of a range of options, from helping seniors remain in their own homes to dependent living arrangements, will become more important as the number of seniors in Alberta continues to grow. The Innovative Housing grant program may provide funding for research into unique proposals for housing for senior citizens.

Transportation

The Department of Transportation funds municipalities to provide specialized transportation services for the elderly and the handicapped, but emphasizes the autonomy of the local community in making decisions. This means that the adequacy of services varies across the province. The Department is now conducting a survey of the use of these funds. Making the results available to the public might help municipalities learn from each other about innovative ways to provide specialized transportation services.

Adequate available transportation is a crucial requirement if senior citizens are going to utilize community services.

Health and Well-Being

Community Health Services

The 27 autonomous health units which cover the province are provincially funded to provide preventive health services for Albertans. Although services and programs vary according to local policy and need, certain services tend to be available to all communities. For seniors, Home Care and Alberta Aids to Daily Living (AADL) are the best developed programs. The nature of these programs is tertiary or secondary prevention.

Community Health nurses are and would be the major service deliverers for primary prevention programs for seniors provided by the multidisciplinary teams in the health units. Speech and audiology services and dental care are available from health unit staff. Other expertise in nutrition, health education and promotion, and environmental health would be indirectly available to seniors through the community health nurses backed by their specialist colleagues.

The primary focus of the nursing programs, which are intended for families throughout the life span, is the maintenance of an optimum level of health and well-being through: health promotion, prevention of health problems and protection against

specific environmental hazards. Most work is currently with younger families. Services for seniors tend to be health monitoring and surveillance of those who are found to already have health problems. However, standards for community health nursing programs for seniors have been recently developed. These standards, while still in the draft stage without formal acceptance, provide a framework within which the autonomous health units can structure preventive programs for seniors. Currently planned is the development by the Alberta Public Health Association (APHA) of resource modules to aid community health nurses in working with older adults.

Prevention and health promotion are integral to community health, although programs for seniors are not implemented province-wide. The acceptance of the new community health nursing programs standards and the APHA's module development could be supported to assist in creating the needed awareness of the work which could be done with healthy seniors, as well as provide practical help and direction. A redirection of resources to preventive programs for seniors may be a necessary precursor to province-wide primary prevention programs for this age group.

Mental Health Services

At the present time, Mental Health Services (Department of Social Services and Community Health) are providing service to older persons with clearly existing illnesses. However, much in the way of prevention could be done through other services for seniors such as senior centres, recreation services and community health nursing services. Keeping seniors involved with others, promoting feelings of control over their lives, helping them stay physically fit and making sure there is a network of social supports are ways good mental health can be promoted.

Family and Community Support Services

The Family and Community Support Services Program (FCSS) of Social Services and Community Health enables municipalities to meet needs in their communities. Funding is based on population. The Department provides per capita grants to municipalities which then must raise an additional 20 percent of program funds locally. Programming varies from community to community as decisions are made by the municipal rather than by the provincial government. About 20 percent of FCSS projects are related to seniors, and the review of these (available from the Senior Citizens Bureau) shows that many municipalities, often using voluntary societies, have developed a wide range of services for older persons--services which range from those for well-functioning older adults to a variety of support services for those who are frail.

Senior Centres

These projects include senior centres, mainly run by boards of retired persons and characterized by great diversity. Fifty-nine centres received annual operating grants from FCSS programs in 1983. All offer social and recreational opportunities, and a number provide services such as educational programs, food services, information and referral, counselling services, health counselling and minor health care services as well as outreach visiting to the homebound. Many raise much of their own funding to provide these services. Senior centres, if they have the preventive approach, are a key preventive service for through their wide range of activities and services they provide social contacts and support both of which help many older persons in maintaining their independence and well-being.

Information Services

There are also 47 information and referral services (identified in the booklet, Programs for Seniors) attached either to senior centres or to FCSS offices. They are important in helping older persons use existing resources so they can make appropriate decisions about their lives. The Alberta Council on Aging and the Senior Citizens Bureau provide an annual

workshop for those working in the local information services for seniors. (A report of a survey of these services, made during the summer of 1985, with some suggestions, is available from the Senior Citizens Bureau.)

The Alberta Council on Aging, a province-wide voluntary organization of seniors and for seniors, has received funding for one year to start a volunteer community consultant project. Retired volunteers will be working with seniors' organizations to assist them in developing services, perhaps using the "standards for senior centres" published by the Senior Citizens Bureau. These volunteers could also work with local FCSS programs to stimulate further support for preventive programming with older persons. The Senior Citizens Bureau, with the assistance and cooperation of the Family and Community Support Services Association, could encourage local FCSS programs to take a further interest in services for seniors.

Recreation and Culture

The Department of Recreation and Parks, in addition to providing capital funding which can be used by senior centres, has taken a leadership role in developing sports, recreation and fitness opportunities for seniors by working with municipalities, colleges and other organizations. The Department funds the Alberta Senior Citizens' Sport and Recreation Association. However, many activities that exist for seniors are still sedentary in nature. The Senior Citizens' Sport and Recreation Association is playing a leading role in promoting fitness for seniors and could be the leading vehicle in promoting this work.

The federal New Horizons Programs has given grants to many groups of retired persons, funding many activities which enable older people to maintain social, mental and physical vitality. In 1984/85, 141 projects were given funds for

operating and capital costs. A positive note is that New Horizons has been increasing its support of seniors assisting seniors' projects.[23]

Alberta Culture does not target seniors for special consideration. However, it does provide small capital grants for equipment and renovations which are used by many seniors' organizations.

Education About Aging

There are a few programs that involve seniors with school children and a few that provide information about aging. Relatively little education about aging exists in post-secondary educational institutions.[24] The Senior Citizens Bureau provides grants for workshops and bursaries for persons working with the elderly. However, most of these focus on work with older persons with special needs.

Much more could be done through the media and other means to educate the general public and older people and their families about aging. Perhaps this could be encouraged by the Senior Citizens Bureau, community health nurses, FCSS offices, and senior centres. The Alberta Council on Aging volunteer consultant project mentioned earlier could also make education about aging part of its mandate. A more organized and focused approach would be helpful.

Learning Opportunities for Seniors

Older people need opportunities for continued learning. The spring sessions for seniors at the universities, the grant to Calgary's Kerby Centre and the Elderhostel programs are appreciated. Funding for such learning opportunities is available upon application to the local Further Education Councils which

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23 Don E. Mayne, (Regional Manager, Alberta, Yukon and N.W.T., New Horizons). Written communication, July 24, 1985.

24 Information from a survey of post-secondary educational institutions in Alberta conducted by the Senior Citizens Bureau in 1985 at the request of the Provincial Senior Citizens Advisory Council.

handle adult education funds provided through the Department of Advanced Education.

Pre-Retirement Education

Pre-retirement courses are an example of efforts to build competencies by preparing people to cope with change, but their value has not been recognized by many as yet. The Alberta Council on Aging has published a magazine for persons approaching retirement and has also been actively involved in develop ing pre-retirement courses. Health and Welfare Canada is developing pilot projects in individual financial counselling for retirement in its Income Security Offices in four cities in Canada--a most positive step.[25] While the Department of Manpower has some material available to use for pre-retirement courses, this material was developed in 1981 and 1982. No provincial department has responsibility for encouraging further development.

Summary

No one program can be "the preventive program" for older people and, as the preceding section shows, in Alberta several provincial government departments, many municipalities and voluntary agencies (as well as the federal government) are providing a wide range of benefits, housing programs and community services. (The Senior Citizens Bureau has some information from other provinces.) Particularly important are the efforts of the municipal Family and Community Support Services offices, the senior citizens centres and information services, and the community health nursing services. However, there are possibilities for improvement. More guidelines and accountability to ensure regular and continued development of these community efforts are needed. In addition, we need improved private pension coverage (particularly for women), a wider range of housing options and a greater focus on helping people understand aging and how to cope effectively with the changes it brings.

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25 It is understood that this program has been suspended for the time being because of budget restraints.

Lastly, the preventive approach with its emphasis on empowering older persons, involving them in leadership of their own programs and focusing on their strengths must be a part of all services.

The preventive approach or process should start with well functioning individuals and with primary preventive programs but then continue through all levels of care, always emphasizing the strengths and capabilities individuals still possess rather than reinforcing the negative.

VIII ISSUES RELATED TO PREVENTIVE PROGRAMS AND THE PREVENTIVE PROCESS

The following issues in relation to prevention should be examined:

- The need for the provision of choices because of the diversity of interests and needs among seniors, and the need to consider how to achieve an equitable distribution of services that meet acceptable standards while responding to local conditions and needs.

- The need for flexibility and innovation since future generations of seniors will be different from this generation. Trends should be analyzed and projected and planning based on these data, rather than being reactive.

- The need for coordination and collaboration. The lack of these can be an obstacle to prevention. There are some examples of coordinated planning efforts at the local and provincial levels (both formal and informal). For example, the Interdepartmental Committee on Long Term Care is providing coordinated planning and policy development related to long term care at the provincial level and there are two local pilot projects in long term care. Seniors' groups also could collaborate. The efforts of the Alberta Council on Aging to promote networking among seniors groups are a positive step.

- The need for setting priorities. It is necessary to establish concrete, achievable goals to accomplish the broader objectives of primary prevention and to involve seniors in this process. In the past Alberta has emphasized protective services. Recently there has been a recognition of the fact that with increased community support services, seniors can manage more independently, and there has been a greater emphasis on these services. There is now a need to move ahead towards more emphasis on primary prevention.

- The need for research and evaluation. One way to establish priorities is to study what has been proven to be effective, but there is a lack of research in the area of prevention. It is difficult to evaluate preventive programs or the preventive process using conventional methods. However, programs can and must be monitored and evaluation built into them from the very first planning stages. Practitioners are responsible for this, but government also has a role in sponsoring research which analyzes current social indicators and trends, determines and projects needs and evaluates interventions.

IX. CONCLUSIONS

In conclusion, there is a need to shift programming to the fostering of positive growth and development, to the rewarding of wellness and to placing a greater emphasis on primary preventive programs for those seniors without any specific needs for help. Preventing unnecessary decline and disability in seniors can also be facilitated by a shift in all work with seniors, including protective and supportive services, to the preventive approach--to an approach that focuses on strengths and emphasizes self-determination and empowerment.

Persons in government services, voluntary organizations and seniors themselves and their organizations are all responsible for the development of these policies and this approach and for creating conditions that make it possible for older persons to maintain their independence. Such efforts can result in a wide range of activities. They can result in gradually changing attitudes

towards aging and older people, creating more opportunities for them, preventing abuse and discrimination, and ensuring that funds for services are used efficiently and for the purposes and target groups for which they are intended. Finally, and most important, they can ensure that we will not be contriving and imposing scores of specialized new programs without consulting those who will be involved.

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APPENDIX

INTERDEPARTMENTAL COORDINATING COMMITTEE ON SENIOR CITIZENS

ADVANCED EDUCATION
- Further Education Services

CONSUMER AND CORPORATE AFFAIRS
- Consumer Education Program

CULTURE
- Cultural Development Division

HOSPITALS AND MEDICAL CARE
- Program Planning Branch

HOUSING
- Home Improvement Branch
- Planning Secretariat

MUNICIPAL AFFAIRS
- Grants and Subsidies Branch

NATIVE SECRETARIAT

RECREATION AND PARKS
- Leisure and Lifestyle Development

PUBLIC WORKS
- Project Management Branch

SOCIAL SERVICES AND COMMUNITY HEALTH
- Community Health Nursing
- Family and Community Support Services
- Senior Citizens Bureau

TRANSPORTATION
- Urban Transportation

Secretariat for Committee
- Senior Citizens Bureau